

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Channel-Selective Blanking For A Medical Device
System

Attorney Docket Number:: 11738.00140

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 33

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Mark
Middle Name:: G.
Family Name:: Frei
Name Suffix::
City of Residence:: Lawrence
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 2513 Via Linda Drive
City of mailing address:: Lawrence
State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Osorio
Name Suffix::
City of Residence:: Leawood
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 4005 W. 124th Street
City of mailing address:: Leawood
State or Province of mailing address:: Kansas

Country of mailing address::	USA
Postal or Zip Code of mailing address::	66209
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Mark
Middle Name::	T.
Family Name::	Rise
Name Suffix::	
City of Residence::	Monticello
State or Province of Residence::	Minnesota
Country of Residence::	USA
Street of mailing address::	7745 Aetna Avenue NE
City of mailing address::	Monticello
State or Province of mailing address::	Minnesota
Country of mailing address::	USA
Postal or Zip Code of mailing address::	55362
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canadian
Status::	Full Capacity
Given Name::	Jonathon
Middle Name::	E.
Family Name::	Giftakis
Name Suffix::	
City of Residence::	Brooklyn Park
State or Province of Residence::	Minnesota
Country of Residence::	USA
Street of mailing address::	3701 78 th Avenue N

City of mailing address:: Brooklyn Park
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55443

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Nina
Middle Name:: M.
Family Name:: Graves
Name Suffix::

City of Residence:: Minnetonka
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 4312 Ridge Ct.

City of mailing address:: Minnetonka
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55391

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	Non-Provisional of	60/504,141	09/19/03
This Application	Non-Provisional of	60/418,383	10/15/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
 Street of mailing address:: 710 Medtronic Parkway NE
 LC 340
 City of mailing address:: Minneapolis
 State or Province of mailing address:: Minnesota
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 55432